**Appendix A – Remote Work Application Template**

Please ensure that you have read the Remote Work Policy and Remote Work Guidelines so you understand the criteria and expectations for Remote Work as a Government of the Northwest Territories (GNWT) Employee.

Remote Work is neither a right nor a requirement, but rather voluntary and is subject to approval from the Employee’s Supervisor and the Department’s Deputy Head.

**Section 1: Applicant Details**

Last Name First Name Middle Name(s)

Department/Agency Division Section/Unit

Position Title Position Number Employee Number

Phone # (Work)

**Section 2: Remote Work Background**

a) Is this an application for Out-of-Territory Remote Work?

Yes  No

If yes, please ensure that you have familiarized yourself with the eligibility criteria for Remote Work outside of the Northwest Territories (NWT).

b) Is this an application for Long-Distance Remote Work?

Yes  No

If yes, please ensure that you have familiarized yourself with the eligibility criteria for Remote Work outside of a NWT community where the Designated Workplace is located.

c) Is this an application for Hybrid Remote Work?

Yes  No

If yes, please ensure that you identify which days you will work at the Designated Workplace and which days you will work at the Remote Work Site in Section 3(b).

d) Please describe how a Remote Work arrangement will be beneficial to you as an employee and to the GNWT as your employer.

**Section 3: Remote Work Details**

a) What is the time period that you are proposing to work remotely for?

Period of work being requested (*must be over 21 business days and shall not exceed two (2) years*):

FROM \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

(dd/mm/yyyy) (dd/mm/yyyy)

b) Regular work schedules are considered to be those that normally begin between 8:00 a.m. and 9:00 a.m. and conclude between 4:00 p.m. and 5:00 p.m. Non-standard work schedules may be considered in the context of a Remote Work arrangement, if operational requirements permit.

Please identify your proposed hours of work, including breaks, in the table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |  |

*List hours of work in the appropriate columns*

You should be accessible during the hours indicated on the table referenced above. Your supervisor must be notified if you need to change your hours of work for any reason. Your schedule must be kept in accordance with applicable terms and conditions of employment with your current position.

If applicable, include which days will be spent at the Designated Workplace and which will be at the Remote Work Site.

c) What is the address of the proposed Remote Work Site?

d) If a dependent or dependents would typically be present at the proposed Remote Work Site during work hours, please explain what alternate care arrangements you would have in place. The Remote Work Site must be kept distraction-free during your work hours.

e) What office equipment are you able to provide and what would you expect the department to provide you?

**Section 4: Remote Work Eligibility**

a) Please describe in detail how you, your job and the proposed Remote Work Site meet the criteria of the Remote Work Policy and Remote Work Guidelines. The criteria are listed in Appendix A1.

**Section 5: Documentation**

Have you completed a Remote Work Health and Safety Self-Assessment Checklist and attached it to this application?

Yes  No

An application may be approved without a Remote Work Health and Safety Self-Assessment Checklist. This approval will be conditional upon the completition and submission of a Remote Work Health and Safety Self-Assessment Checklist. This must be done within 30 days of receiving a conditional approval.

**Section 6: Employee Signature**

I hereby certify that the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

**Section 7: Approvals**

I hereby support this employee’s application for Remote Work, consistent with the Remote Work Policy and the requirements of the Remote Work Guidelines, and subject to the provisions of the Remote Work Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Head Date

|  |
| --- |
| This information is being collected under the authority of the *Public Service Act/Regulations* and will be used to determine your eligibility for Remote Work. Your personal information will be protected under the *Access to Information and Protection of Privacy Act.* |

**Appendix A1: Eligibility Criteria**

**Employee Suitability**

* Does the employee have a history of strong job performance?
* Is the employee capable of working independently with minimal supervision?
* Is the employee reliable, responsible, flexible and trustworthy?
* For the purposes of Remote Work, does the employee have the organizational and time management skills in order to work effectively and efficiently?
* Is the employee comfortable and efficient with technology and computer applications, and are they able to troubleshoot technology issues with minimal or remote support?
* Has the employee completed relevant training such as Information Security training or Access to Information and Protection of Privacy training?

**Job Suitability**

* Are the job position and duties compatible with an offsite location and, where applicable, alternate/flexible work schedule?
* Does the nature of the job require the employee to have daily face-to-face contact with a supervisor, other employees, clients or the general public?
* If the job involves the review, analysis, creation or processing of documents, records, or files, are they able to be securely transmitted or transported between the Designated Workplace and the Remote Work Site?

**Remote Work Site Suitability**

* Does the site have appropriate furnishings (adjustable office chair, table/desk etc.)?
* Does the site meet security requirements (e.g. storage of hard copy and electronic materials)?
* Does the site meet the GNWT’s workplace health and safety requirements?
* Does the site have secure, reliable internet access to perform their regular work functions?